## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	·
·	- Williams	ID NO.	DATE
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FORMALITY REVIEW		105955	11-20-00
RESPONSE FORMALITY REVIEW		((515)	1/6
			<u> </u>

## INDEX OF CLAIMS

	Rejected	N	Non-elected
	Allowed		Interference
	(Through numeral) Canceled		Appeal
÷	Restricted		Objected

Ctairn Date	Claim		Claim	Date
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24	73	<del>-}-}-}-}-</del>	123	
25	75	<del>╶┡╶┞┈┞┈┠┈┠┈╏┈╏</del>	124	
26	78	<del>╌╏┋┋</del>	125	
27		╼╂┈╂┈╂┈╂┈╂┈╂┈╂	126	<del>├┤</del> ╌ <del>╏</del> ╶╏
28	78	<del>╶╏╶╏┈╏┈╏┈╏┈╏┈╏</del> ┈	127	<del>┍┤┋</del>
29	79	<del>                                      </del>	129	<del>┝╌╃╌╃╾┩╾┩╌</del> ╂╌┩
30	80		130	<del>┍╌╏┈╏╌╏┈╏╸</del> ┩
31	81		131	<del>-   -   -   -   -   -   -   -   -   -  </del>
32	82		132	
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34 /	84	<del>╂┋╏┋</del>	134	
38 7	85	<del>╃╃╏╃╇╃╇</del>	134	
37	87	<del>┪╶╂╌╂╌╂</del> ╾╂╾╂╾╂╾╂╼╂╼╏	136	<del></del>
38	88	<del>╀╌┞╌╂╌╂╌╏╌╏</del> ╌╂╼╂	137	<del></del>
39	89	<del>┼╂╂</del> ╃╂╃	038	╼╂╌╂╼╂╼╂╼┦
40	90	<del>┆╸┇╶┇╶┇╶╏</del>	140	<del>╶┤╏</del> ┼┼┼┼┼┼┼
41	1	<del>┤╸┞╸┞╸┞</del> ╶╂╌┦	140	<del>╌╏╸╏╺┨╶╏╸</del> ┤
42	92	<del>╅┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋</del>	142	╂╂╂┪
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47	97		147	<del>                                      </del>
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50	99		149	
134	hod		hsd	

If more than 150 claims or 10 actions staple additional sheet here

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Best Available Copy